

## REGARDING FORENSIC FILES

### DEAR EDITOR:

I was surprised by the assertion—or at least, implication—in the piece by Feuerstein, et al., that physicians have the “power” of civil commitment [Civil commitment: A power granted to physicians by society. *Psychiatry* 2005;2005;2(8):53–4].

The notion that physicians can simply “lock people up” has contributed to much of the stigma associated with psychiatry, and this is not mitigated by pointing out—as the authors do—that physicians are acting as extensions of the state. As Dr. Robert Simon points out in his book, *Psychiatry and Law for Clinicians*, “...mental health professionals must understand that it is not they who make commitment decisions about patients. Commitment is a judicial decision that is made by the court or by a mental health commission. The clinician files a petition or medical certification that initiates the process of involuntary hospitalization.” (Simon, 1998, p. 127, italics mine). This is not a trivial or semantic distinction. True: Most states provide for brief, emergency hospitalizations (e.g., 48–72 hours) before a judicial hearing is held, at which time it is a judge—not a psychiatrist—who determines whether sufficient grounds exist for continuing the hospitalization. But the initial petition for involuntary civil commitment, in many states, may be initiated by “...police officers, next of kin, psychiatrists, other physicians, psychologists, social workers, or

even ‘interested parties’...” (Simon, 1998, p. 128).

Psychiatrists, in particular, are quite used to having judges reject their petitions for civil commitment. I hope the authors will clarify these issues in their subsequent contributions.

With regards,  
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### AUTHOR RESPONSE

Dr. Pies helps clarify important issues and makes good points. We are aware that the series is an overview and, as such, has inherent limitations that might not exist in forms such as textbooks of several hundred pages where several pages can be used for clarification. We defined ‘civil commitment’ early in the piece quite broadly to include even the first 48 to 72 hours of hospitalization, and wrote ‘physicians’ intentionally instead of ‘psychiatrists’ (we didn’t think the inclusion of others such as police officers was warranted in a journal for psychiatrists). Areas of overlap between two fields such as psychiatry and law are complicated by the technical use of terms (such as Dr. Simon in his text) and general uses, and we will attempt to be careful about this in future pieces. In the end, our goal is the same as Dr. Pies—we hope that by making the members of our field more aware of the history and purpose of our interac-

tions with the legal system, these interactions will improve for everyone and help eliminate stigma and misunderstanding.

With regards,  
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